

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> VID-00203/29	
<b>Application Number</b> 08/822,397-Conf. #6309		<b>Filed</b> March 20, 1997	
For    VIDEO INPUT SWITCH AND SIGNAL PROCESSING APPARATUS			
<b>Art Unit</b> 2611		<b>Examiner</b> R. M. Brown	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$130	\$65            \$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$490	\$245            \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1110	\$555            \$ _____
<input checked="" type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1730	\$865            \$ 865.00
<input type="checkbox"/>		\$2350	\$1175            \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1180</u> .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,424</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>/John G. Posa/</u> Signature		<u>May 26, 2009</u> Date	
<u>John G. Posa</u> Typed or printed name		<u>(734) 913-9300</u> Telephone Number	
<b>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</b>			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			